

HUMBOLDT ENDODONTICS, Dental Practice
R. Joseph Weibert, D.M.D.
(Practice Limited to Endodontics)
2320 23rd Street
Eureka, CA 95501

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REFERRAL FOR ENDODONTIC TREATMENT

Introducing: _____

Patient's Email: _____

Date of Birth: _____ **Phone Number:** _____

Insurance Information: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
R-----L
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

- Consultation and Diagnosis
- Endodontic Treatment
- Emergency Treatment
- Post Space Required

REFERRING OFFICE:
PLEASE SEND PERIAPICAL
RADIOGRAPH (PA) WITH
REFERRAL.

Symptoms: _____

Remarks: _____

Patient's Appt: Date: _____ **Time:** _____

Referring Dentist: Dr. _____

DIRECTIONS:

North of Eureka from Hwy 101:

- Turn **left** onto **V Street**
- Turn **left** onto **Myrtle**
- Turn **right** onto **Harrison**
- Turn **right** onto **23rd Street**
 (just after Ramone's Café)
- Go to end of **23rd Street**
- Last building on left

South of Eureka from Hwy 101:

- Take **Harris St. Exit**
- Turn **left** onto **Harrison**
- Turn **left** onto **23rd Street**
 (just before Ramone's Café)
- Go to end of **23rd Street**
- Last building on left